

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: Direct Media Power, Inc. CASE NO. 16-36934

FINAL SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

For Period From November 21, 2016 Through May 4, 2017

BEGINNING BALANCE IN ALL ACCOUNTS \$ 99,106.67

RECEIPTS:

- | | |
|-----------------------------|-----------------|
| 1. Receipts from operations | \$ 2,473,118.85 |
| 2. Other Receipts | \$ |

DISBURSEMENTS:

- | | |
|---|-----------------|
| 3. Net payroll: | |
| a. Officers | \$ 24,633.74 |
| b. Others | \$ 528,580.38 |
| 4. Taxes | |
| a. Federal Income Taxes | \$ |
| b. FICA withholdings | \$ |
| c. Employee's withholdings | \$ |
| d. Employer's FICA | \$ |
| e. Federal Unemployment Taxes | \$ |
| f. State Income Tax | \$ |
| g. State Employee withholdings | \$ |
| h. All other state taxes | \$ |
| 5. Necessary expenses: | |
| a. Rent or mortgage payment(s) | \$ 27,059.43 |
| b. Utilities | \$ 6,073.04 |
| c. Insurance | \$ 59,051.35 |
| d. Merchandise bought for manufacture or sale | \$ 1,673,000.42 |
| e. Other necessary expenses (specify) | |
| Refunds, Returns & Chargebacks | \$ 78,553.43 |
| | \$ |

TOTAL DISBURSEMENTS \$ 2,396,951.79

NET RECEIPTS (DISBURSEMENTS) FOR THE CURRENT PERIOD \$ 175,273.73

ENDING BALANCE IN Bank of America - 6530 \$ 17.40
(Name of Bank)

ENDING BALANCE IN \$
(Name of Bank)

ENDING BALANCE IN ALL ACCOUNTS \$ 17.40

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RECEIPTS LISTING

FOR PERIOD FROM NOVEMBER 21, 2016 THROUGH MAY 4, 2017

Bank: Bank of America & US Bank
Location: Elk Grove and Addison, IL
Account Name: Direct Media Power, Inc.
Account No.: Accounts Ending 6530, 6556, 6543 & 8690

<u>DATE RECEIVED</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
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TOTAL: 2,473,118.85

Receipts may be identified by major categories. It is not necessary to list each transaction separately by name of customer or invoice number. You must, however, create a separate list for each bank account to which receipts were deposited during the month.

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DISBURSEMENT LISTING

FOR PERIOD FROM NOVEMBER 21, 2016 THROUGH MAY 4, 2017

Bank: Bank of America & US Bank
Location: Elk Grove and Addison
Account Name: Direct Media Power, Inc.
Account No.: Accounts Ending 6530, 6556, 6543 & 8690

<u>DATE DISBURSED</u>	<u>CHECK NO.</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
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TOTAL: 363,910.83

You must create a separate list for each bank account from which disbursements were made during the month.

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FOR PERIOD FROM NOVEMBER 21, 2016 THROUGH MAY 4, 2017

STATEMENT OF INVENTORY

Beginning Inventory	\$
Add: purchases	\$
Less: goods sold (cost basis)	\$
Ending inventory	\$

PAYROLL INFORMATION STATEMENT

Gross payroll for this period	\$
Payroll taxes due but unpaid	\$

STATUS OF PAYMENTS TO SECURED CREDITORS AND LESSORS

<u>Name of Creditor/ Lessor</u>	<u>Date Regular Payment is Due</u>	<u>Amount of Regular Payment</u>	<u>Number of Payments Delinquent*</u>	<u>Amount of Payments Delinquent*</u>
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*Include only post-petition payments.

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STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

Beginning of month balance	\$
Add: sales on account	\$
Less: collections	\$
End of month balance	\$

<u>0-30</u> <u>Days</u>	<u>31-60</u> <u>Days</u>	<u>61-90</u> <u>Days</u>	<u>Over 90</u> <u>Days</u>	<u>End of Month</u> <u>TOTAL</u>
\$	\$	\$	\$	\$

STATEMENT OF ACCOUNTS PAYABLE (POST-PETITION)

Beginning of month balance	\$
Add: credit extended	\$
Less: payments of account	\$
End of month balance	\$

<u>0-30</u> <u>Days</u>	<u>31-60</u> <u>Days</u>	<u>61-90</u> <u>Days</u>	<u>Over 90</u> <u>Days</u>	<u>End of Month</u> <u>TOTAL</u>
\$	\$	\$	\$	\$

ITEMIZE ALL POST-PETITION PAYABLES OVER 30 DAYS OLD ON A SEPARATE
SCHEDULE AND FILE WITH THIS REPORT

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TAX QUESTIONNAIRE

Debtors in possession and trustees are required to pay all taxes incurred after the filing of their Chapter 11 petition on an as due basis. Please indicate whether the following post petition taxes or withholdings have been paid currently.

- | | | |
|--------------------------------|------------------------------|--|
| 1. Federal Income Taxes | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2. FICA withholdings | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 3. Employee's withholdings | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 4. Employer's withholdings | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 5. Federal Unemployment Taxes | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 6. State Income Tax | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 7. State Employee withholdings | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 8. All other state taxes | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

If any of the above have not been paid, state below the tax not paid, the amounts past due and the date of the last payment.

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Form 6123 (Rev. 06-97)	Department of the Treasury-Internal Revenue Service Verification of Fiduciary's Federal Tax Deposit		
Do not attach this Notice to your Return			
TO	District Director, Internal Revenue Service Attn: Chief, Special Procedures Function		
FROM:	<div style="border: 1px solid black; padding: 2px;">Name of Taxpayer</div> <div style="border: 1px solid black; padding: 2px;">Taxpayer Address</div>		
The following information is to notify you of Federal tax deposit(s)(FTD) as required by the United States Bankruptcy Court (complete sections 1 and/or 2 as appropriate):			
Section 1	Form 941 Federal Tax Deposit (FTD) Information		
Taxes Reported on Form 941, Employer's Quarterly Federal Tax Return	For the payroll period from _____ to _____		
	Payroll date _____		
	Gross wages paid to employees \$ _____		
	Income tax withheld \$ _____		
	Social Security (Employer's plus Employee's share of Social Security Tax) \$ _____		
	Tax Deposited \$ _____		
		Date Deposited _____	
Section 2	Form 940 Federal Tax Deposit (FTD) Information		
Taxes Reported on Form 940, Employer's Annual Federal Unemployment Tax Return	For the payroll period from _____ to _____		
	Gross wages paid to employees \$ _____		
	Tax Deposited \$ _____		
	Date Deposited _____		
Certification			
(Certification is limited to receipt or electronic transmittal of deposit only)			
This certifies receipt or electronic transmittal of deposits described below for Federal taxes as defined in Circular E, Employer's Tax Guide (Publication 15)			
Deposit Method (check box)	<input type="checkbox"/> Form 8109/8109B Federal Tax Deposit (FTD) coupon <input type="checkbox"/> Electronic Federal Tax Payment System (EFTPS) Deposit		
Amount (Form 941)	Date of Deposit	EFTPS acknowledgment number or Form 8109 FTD received by:	
Amount (Form 940)	Date of Deposit	EFTPS acknowledgment number or Form 8109 FTD received by:	
Depositor's Employer Identification Number:		Name and Address of Bank	
Under penalties of perjury, I certify that the above federal tax deposit information is true and correct			
Signed:		Date:	
Name and Title (print or type)			

Cat. #43099Z

Form 6123 (rev. 06-97)

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INSURANCE QUESTIONNAIRE

Debtors in possession and trustees are required to maintain appropriate insurance on property of the estate to avoid risk to the estate or to the public. See 11 U.S.C. §§ 1107(a) and 1112(b)(4)(C).

1. For each policy of insurance maintained by the debtor in possession as of the Petition Date, state the following (provide certificates of insurance for each policy if not already provided):

Carrier	Policy No.	Coverage Type	Policy Expiration Date	Cancellation Date, if applicable*
State Farm	93-CK-P691-8	GL	10/5/17	NA

*If a policy was cancelled for any reason during the reporting period, identify the reason for cancellation (*i.e.*, non-payment, sale of asset, abandonment, etc.).

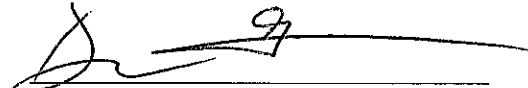
2. Have all required insurance premium payments during the reporting period been made? If not, identify the policy for which premiums have not been paid, the amount due, and reason for non-payment (attach separate sheet if necessary).
3. Has the debtor/trustee received notice from any insurer during the reporting period that a policy of insurance is subject to cancellation or non-renewal? If so, identify the carrier, coverage type and basis for potential cancellation or non-renewal (attach separate sheet if necessary).

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DECLARATION UNDER PENALTY OF PERJURY

I, Dean Tucci, acting as the duly authorized agent for the Debtor in Possession (Trustee) declare under penalty of perjury under the laws of the United States that I have read and I certify that the figures, statements, disbursement itemizations, and account balances as listed in this Monthly Report of the Debtor are true and correct as of the date of this report to the best of my knowledge, information and belief.


For the Debtor in Possession (Trustee)

Print or type name and capacity of
person signing this Declaration:

Dean Tucci

CEO

DATED: 6/16/17

Direct Media Power, Inc. - Income Statement

11/21/16-5/4/17

Ordinary Income/Expense

Income

Media Sales Sales	2,473,118.85
Cost of Goods Sold	1,673,000.42
Returns & Allowances	78,553.43

Total Gross Income	721,565.00
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Expense

Advertising Expense	17,022.00
Bank Charges	27,587.93
Broker Commissions	37,521.99
Call Center Outsource	0.00
Computer & IT Expenses	0.00
Insurance Expense	59,051.35
Legal & Processing	38,084.26
Loans Secured	0.00
Office Equipment	1,116.81
Office Expense	5,163.58
Office Supplies	4,358.53
Payroll	553,214.12
Merchant Fees	64,422.26
Postage & Delivery	2,929.57
Printing & Reproduction	6,373.40
Recruitment	12,666.00
Rent	27,059.43
Repairs & Maintenance	489.02
Subscriptions	417.02
Software Services	52,050.12
Subcontracted Services	62,877.14
Telephone & Communications	24,547.24
Travel & Entertainment	6,283.81
Utilities	6,073.04

Total Expense	1,009,308.62
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Net Ordinary Income	-287,743.62
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Net Income	-287,743.62
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